



40/30 Certification Form  
Stage 2 Disinfectants and Disinfection Byproducts Rule

**System Information**

PWS Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

PWS ID#: AZ04 \_\_\_\_\_  
Population Served: \_\_\_\_\_

Source Water Type: \_\_\_Ground \_\_\_Surface/GUDI  
System Type: \_\_\_CWS \_\_\_NTNCWS  
Combined Distribution System: \_\_\_Wholesale \_\_\_Consecutive \_\_\_Neither

**Contact Person**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number (if applicable): \_\_\_\_\_  
Email Address (if applicable): \_\_\_\_\_

**Certification**

*I hereby certify that each individual Stage 1 DBPR compliance sample collected from \_\_\_\_\_ to \_\_\_\_\_ was less than or equal to 0.040 mg/L for TTHM and 0.030 mg/L for HAA5. I understand that to be eligible, each individual sample must be equal to or below these values. I also certify that this PWS collected all required Stage 1 samples and did not have any Stage 1 monitoring violations during this time period.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit 40/30 Certification Form to:**

Arizona Department of Environmental Quality  
Attn: Starr Abounader  
Drinking Water Monitoring and Protection Unit, Mail Code 5415B-2  
1110 West Washington Street  
Phoenix, AZ 85007

**If your public water system is in Maricopa County, you must also submit the 40/30 Certification Form to:**

Maricopa County Environmental Services Department  
Attn: John Kolman  
Drinking Water Program  
1001 North Central Avenue, Suite 250  
Phoenix, AZ 85004



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INSTRUCTIONS FOR COMPLETING THE FORM

PWS ID – Enter your public water system identification number here.

PWS name – Enter the name of your system here.

PWS Address – Enter the primary mailing address for your water system here.

Population served – Enter the number of people served by your PWS. This is your retail population served, not including the population served by consecutive systems that purchase water from you.

Source Water Type – Put a check mark to identify whether your system is a subpart H (surface water/GUDI) system or a groundwater system. If you use any surface water or GUDI as a source, put a check mark next to surface/GUDI.

System Type – Put a check mark to identify whether your system is a community water system (CWS) or nontransient noncommunity water system (NTNCWS).

Buying/Selling Relationships – Put a check mark to identify whether your system is a wholesale system, consecutive system, or neither. If you are both a consecutive and wholesale system (e.g., you buy and sell water), check both.

Contact Person – Enter the contact information of the person who is submitting the form. This should be the person who will be available to answer questions from state reviewers.

Certification – You must certify that you meet the following criteria:

- You have TTHM and HAA5 data equivalent to what is required by the Stage 1 DBPR for your system (e.g., quarterly, annual, or every third year)
- No individual sample exceeds 0.040 mg/L for TTHM
- No individual sample exceeds 0.030 mg/L for HAA5
- Your system did not have any TTHM or HAA5 monitoring violations

Enter in the “from/to” spaces the dates for which Stage 1 DBPR monitoring was conducted (e.g., from January 1, 2005 to December 31, 2006). See Section 4.1 of the IDSE Guidance Manual for more information on 40/30 certification qualification criteria.

Enter your signature and date in the spaces provided.